

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11308

APR 23 1940

Registration District No.

411

Primary Registration District No.

2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME

Joanna Rush

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex

Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Gordon

6. (c) Age of husband or wife if

alive 24 years

7. Birth date of deceased

Nov. 5 1918

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

21

4

9

hr.

min.

9. Birthplace

Cartersville Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Walter Kenneth

13. Birthplace

Cartersville

Mo.

14. Maiden name

F. Louise

Cartersville

15. Birthplace

Cartersville

Mo.

16. (a) Informant's own signature

Gordon Rush

(b) Address

Joplin, Mo.

17. (a) Burial

Buried

(b) Date thereof

3-15-40

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Forest Park

18. (a) Signature of funeral director

Shornhill-Pulley

(b) Address

Joplin, Mo.

19. (a)

3-15-40

(b)

E. B. Jarney

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 307 Byers
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14th
year 1940 hour 12:25 minute PM

21. I hereby certify that I attended the deceased from
Mar 2, 1940, to Mar 14, 1940
that I last saw her alive on Mar 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Placenta Accreta
acc. fr.

Due to

Due to

Other conditions Pulmonary Embolism
(Include pregnancy within 5 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
Signature MO Coombs (M. D. or other)
Date signed Mar 13, 1940

RECEIVED

District Health Officer No. 6,

440-1045

APR 1 0 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Don Petruik

Licensed Embalmer No. *4008*

P. O. Address *Goplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11208

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Joanna Rusk

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 9 If less than one day _____ by _____ min

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

20. DATE OF DEATH Month Mar. 14 day 40 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Placenta accreta

Due to _____ (1940) 148

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings _____

Operations _____

OK autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M.D. Cramer (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STUPID
Normal delay of 1940
full term
placenta accreta
embolism

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11308 (1940)

